

Name
in
Full

Samuel Bass

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	Maryland
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving Information				How related to deceased	son
CAUSES OF DEATH					
Primary	Blood clot on brain.			How long	1 month
Immediate	Paralysis.			How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H E Clemmons	
			Address	Park Apartments.	
Accident or Suicide?					

PHYSICIAN
OR CORONER

64

How long

1 month

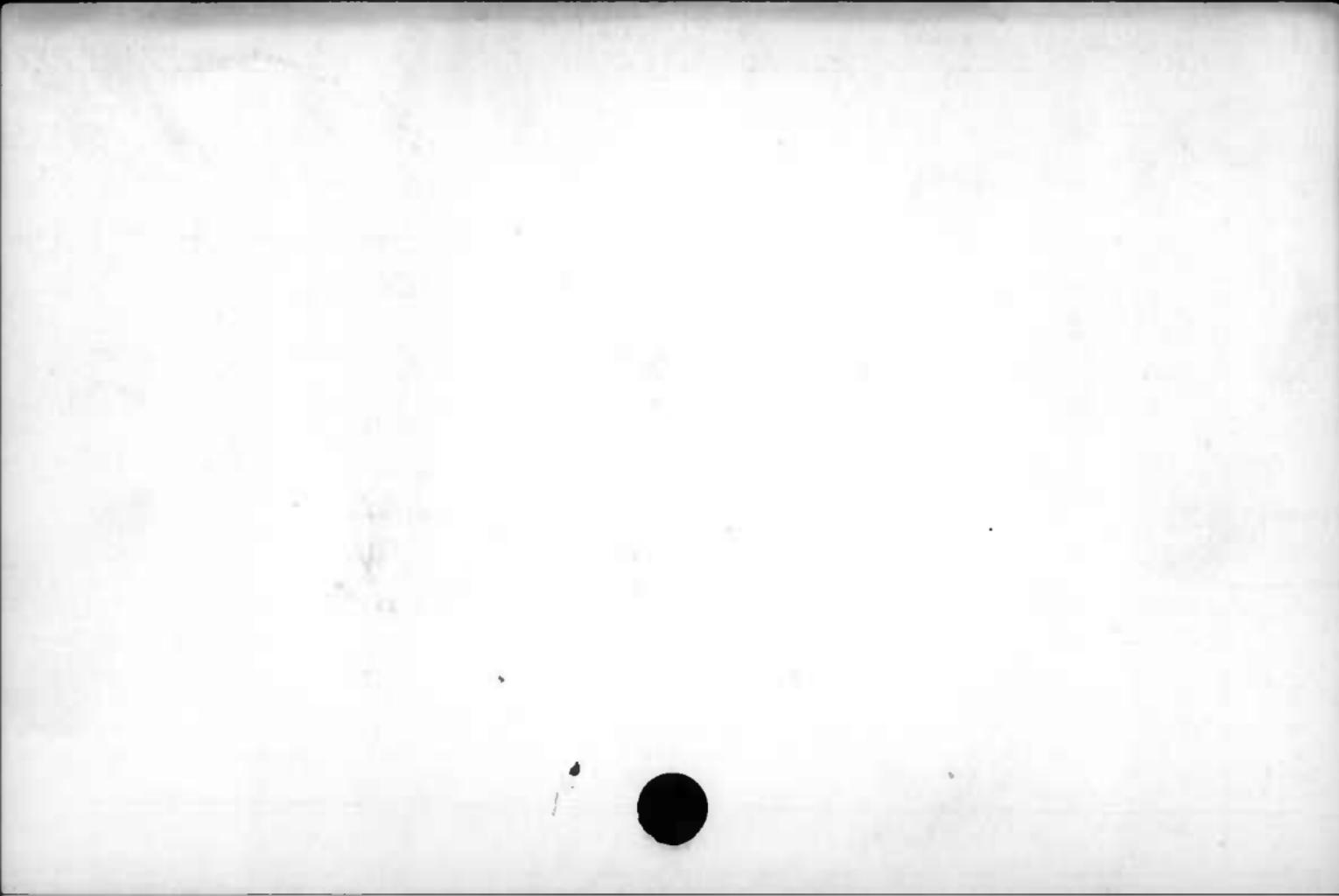
How long

2 weeks

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Benjamin R Boyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month November	Day 1st	Years 76	Months	Days
Sex	Male	Color or Race	White		Birth-place	Valley Forge
Occupation	Iron worker		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John R. Boyer				Father's Birthplace	Penna
Mother's Maiden Name	Mary Rapp				Mother's Birthplace	Valley Forge
Name of person giving Information	Mrs M. G. Wallers				How related	Sister

CAUSES OF DEATH

120

How long?

How long

PHYSICIAN
OR CORONER

Primary

Uremic Poisoning

Sep 1907

Immediate

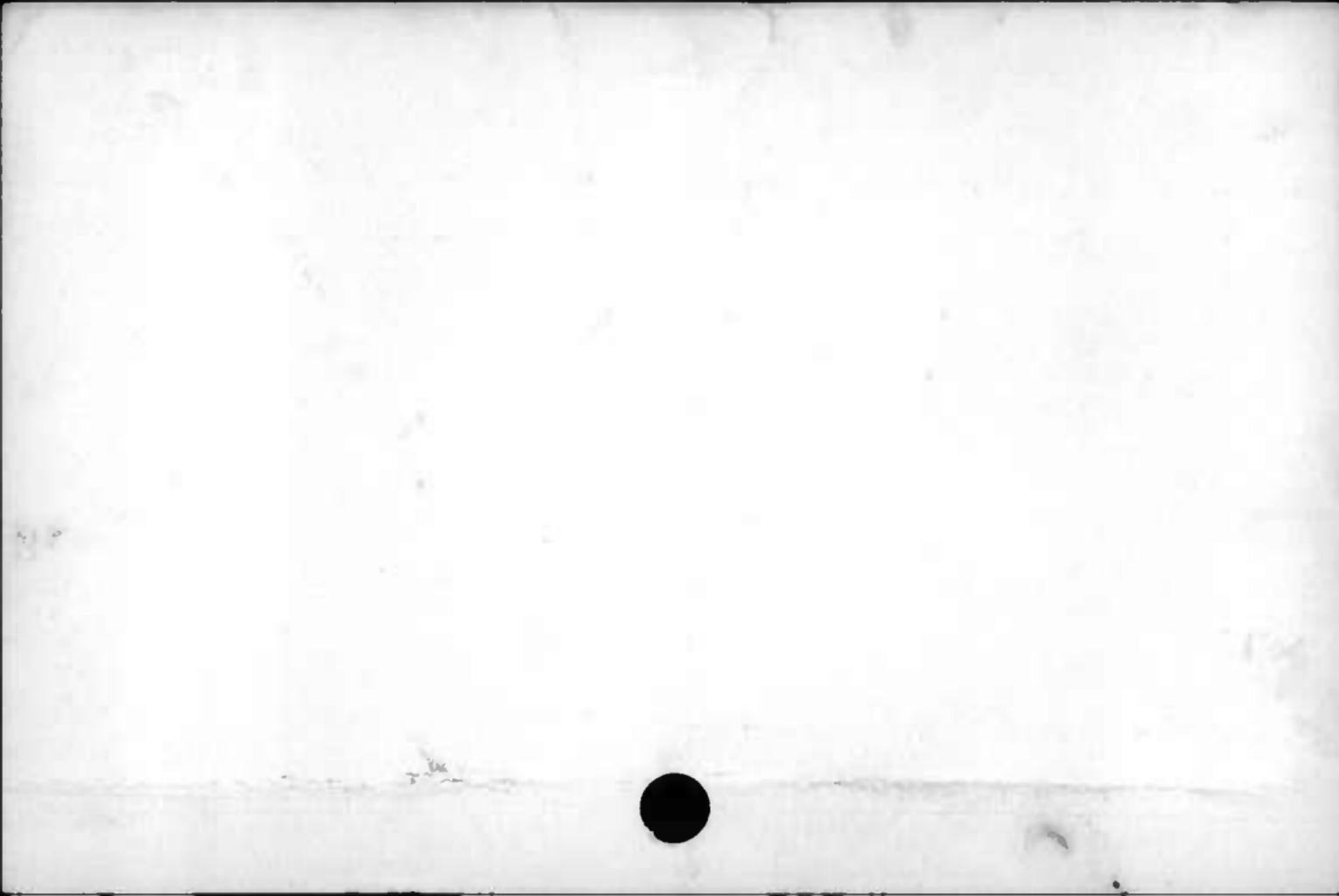
Dec 26, 1907
n. Europa

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Deposit</u> - Town		County <u>Cecil</u>		MARYLAND	
Date of death <u>1907 Nov 28</u>	Year Day	Age <u>62</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Havard Colnd</u>			
Occupation <u>Quarryman</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ellen Duke</u>				
Father's Name <u>Philip Duke</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Ellen Earley</u>	Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>Ellen Duke</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

74

How long

6 yrs

How long

4 weeks

PHYSICIAN
OR CORONERPrimary Nervous DepressionImmediate Insanition & Bed Sores

Are the name, age, sex, color, date and place correctly given above?

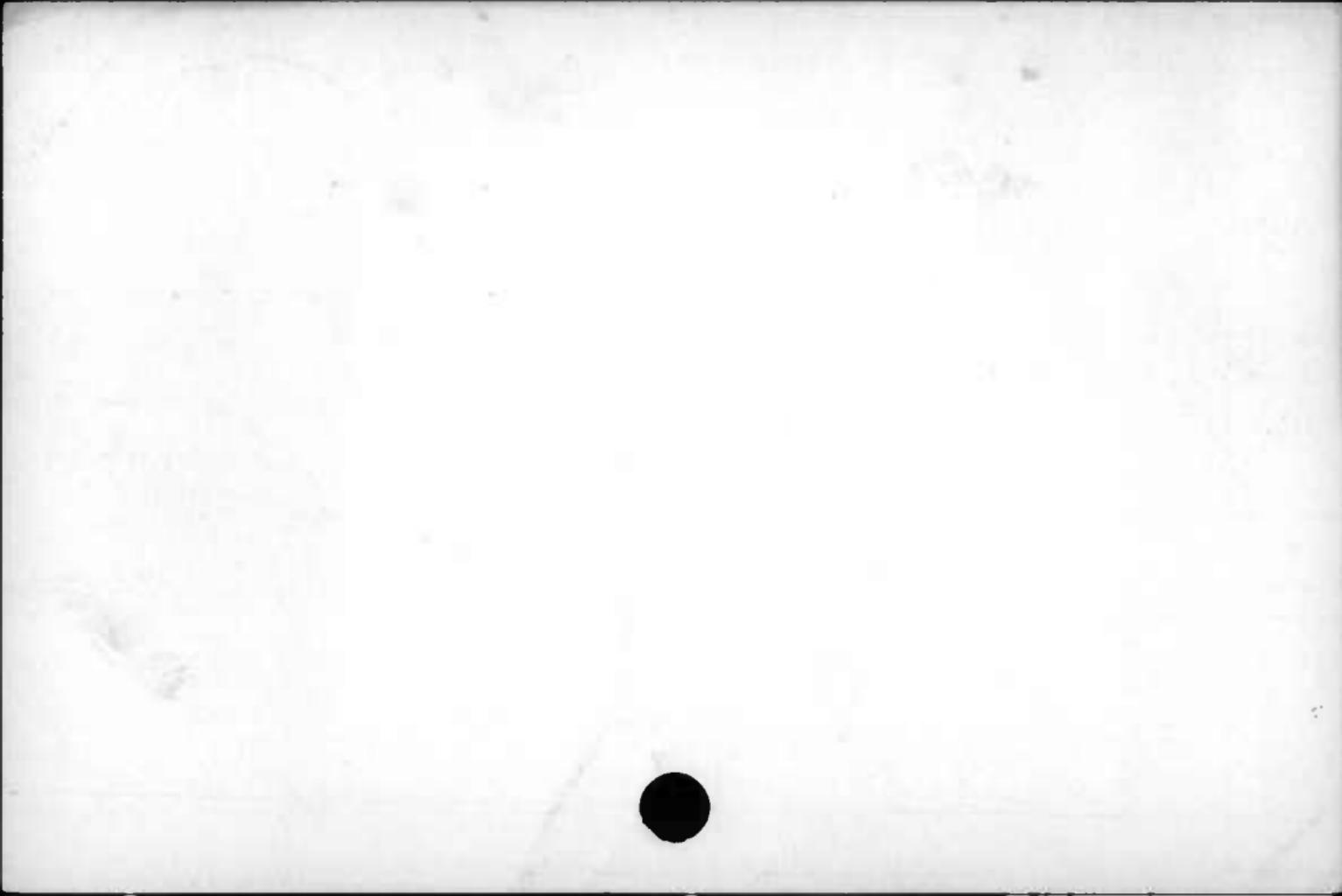
yes

Signature of Physician

Address

J. S. Brown M.D.
Port Deposit Md.

Accident or Suicide?



Name
in
Full

Frederick B. Egee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ossopah City</u>		Town <u>Ossopah</u>	County <u>Oceil</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>Novemb</u>	Day <u>38</u>	Years <u>57</u>	Age <u>57</u>	Months <u>9</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Prnn.</u>				
Occupation <u>Engineer</u>	Where Residing if not at place of death <u>Prnn.</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Mary Emma Egee</u>					
Father's Name <u>Joseph Egee</u>	Father's Birthplace <u>Prnn.</u>					
Mother's Maiden Name <u>Mary Clark</u>	Mother's Birthplace <u>Prnn.</u>					
Name of person giving information <u>Mary E. Egee</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

Primary

Typhoid Fever

①

How long

22 days

Immediate

Pneumonia

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

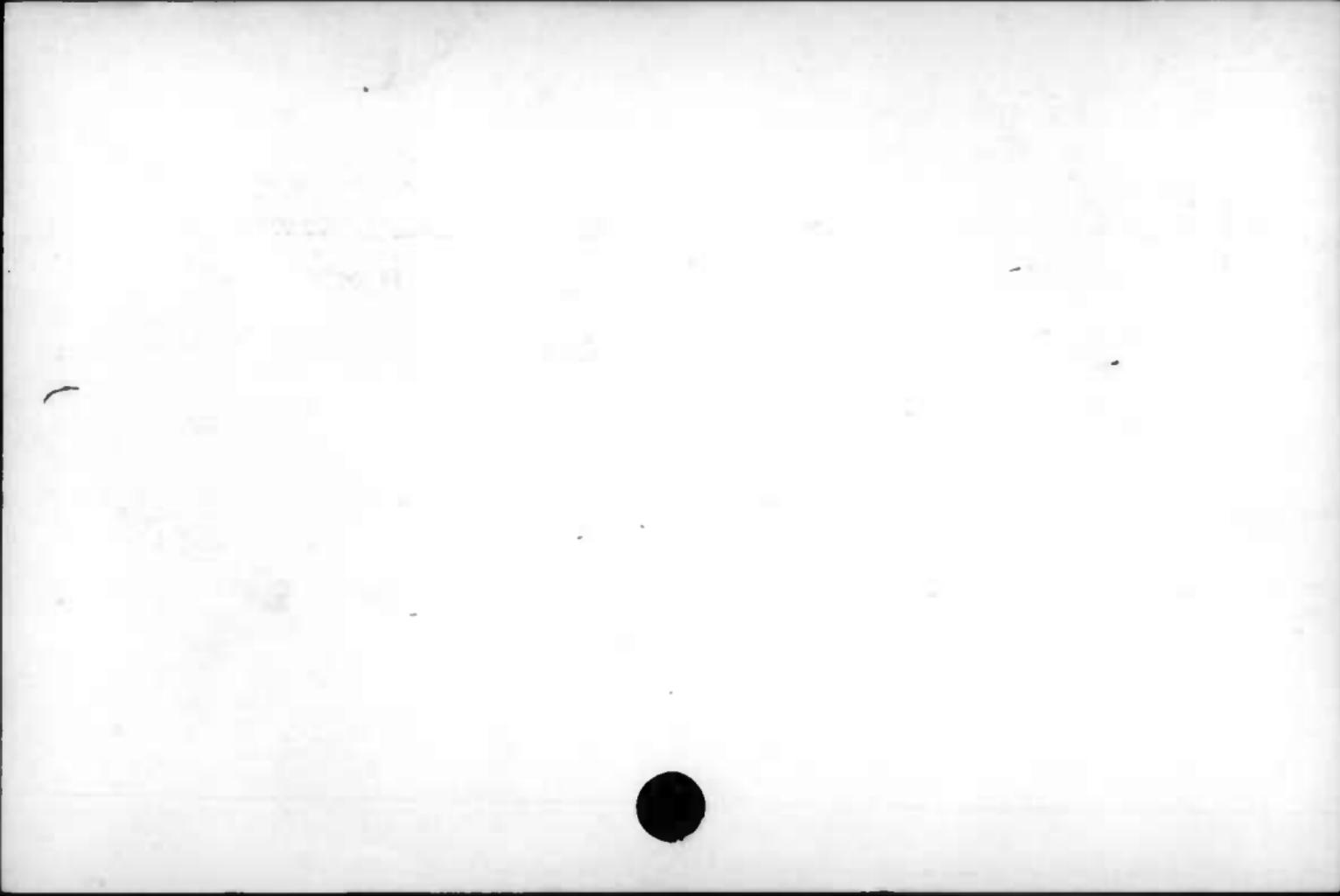
Signature of Physician

Olfert Glantz M.D.

Address

Ossopah City

Accident or Suicide?



Name
in
Full

Mary Giskey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Nov.	Day 7	Years 53	Months 7	Days
Sex	Female	Color or Race	Indiana			
Occupation	Gardener		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Joseph Giskey (Deceased)			
Father's Name	Joseph Thompson		England			
Mother's Maiden Name	Agnes Shuler		England			
Name of person giving information	Mrs Rachel Lomax		How related to deceased Natalie			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

about 3 yrs.

Immediate

Pulmonary Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

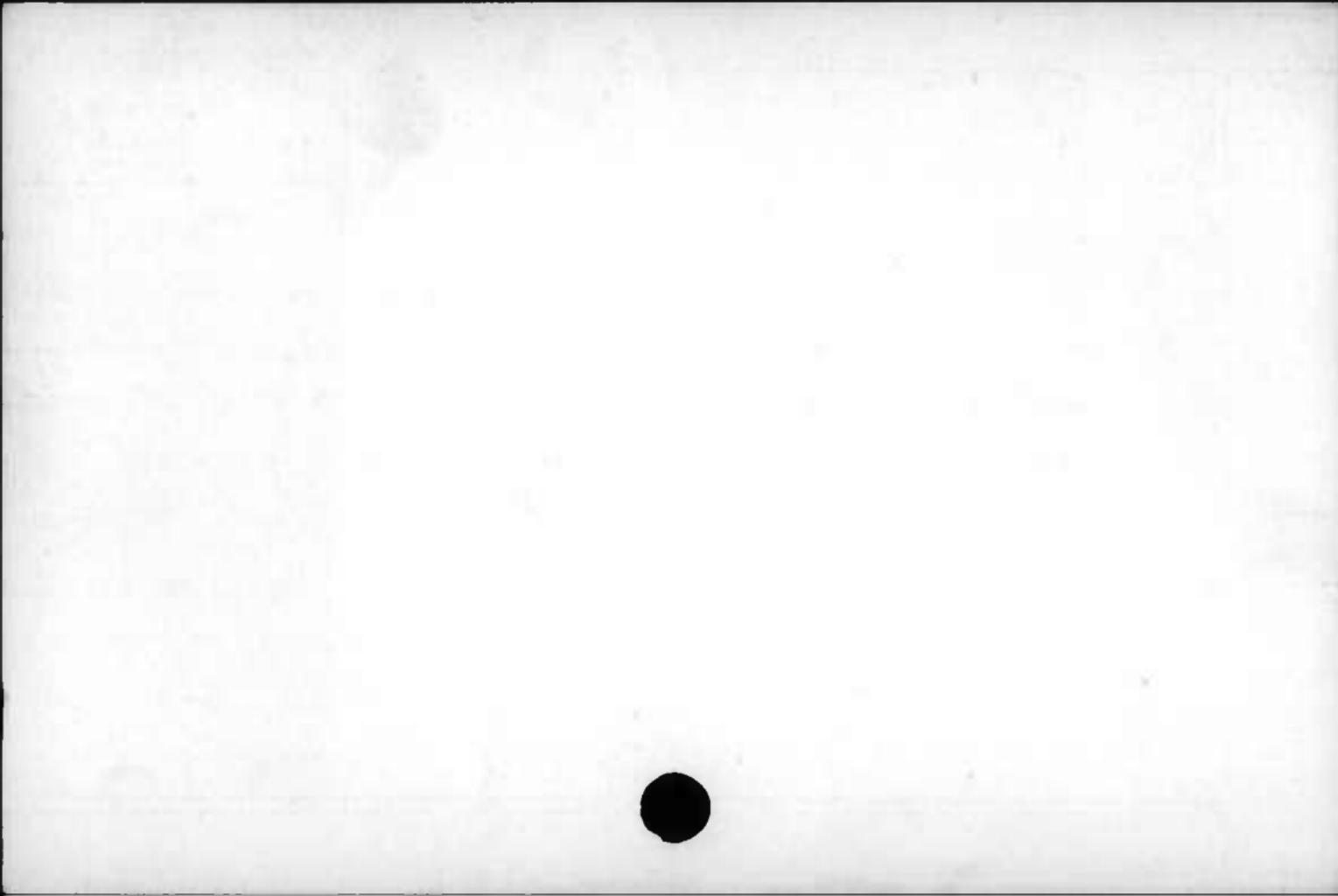
Signature of Physician

Oliver G. Lacy M.D.

Address

Ossipee City M.D.

Accident or Suicide?



Name
in
Full

None

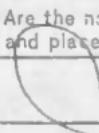
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1907	Month 11	Day 16	Age Stillborn	Years	Months	Days	
Sex Female	Color or Race Colored	Occupation		Birth-place Port Deposit			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Elmer Griffen		Father's Birthplace		Port Deposit		
Mother's Maiden Name	Annie Boivin		Mother's Birthplace		Starfield Co.		
Name of person giving Information	Geo. J. Young		How related to deceased		None		
CAUSES OF DEATH						S	
Primary			How long				
Immediate			How long				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

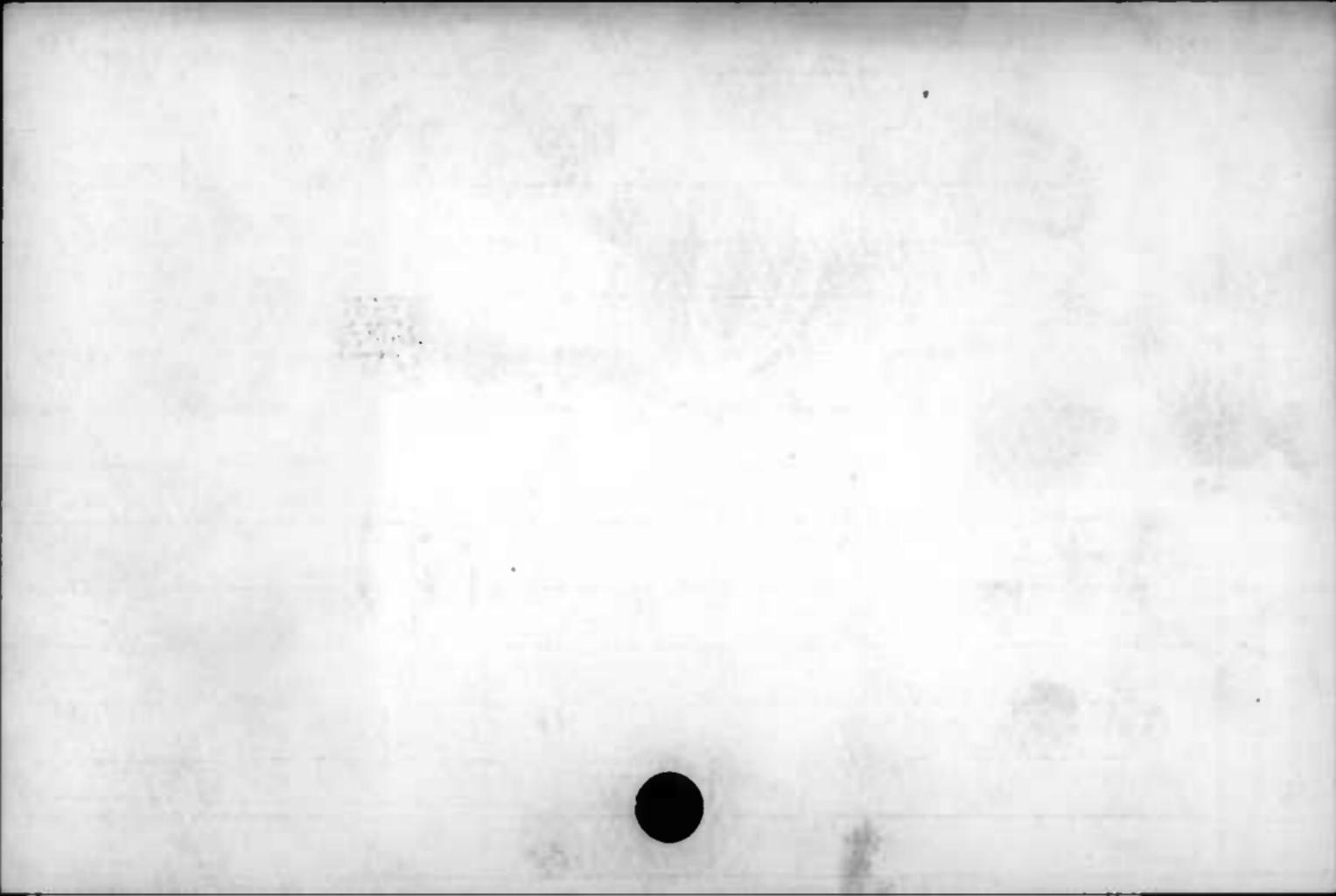


Accident or Suicide?

yes

Signature of Physician
Address

J. J. Brown
Port Deposit Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Flora Bell Huse

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1907	Month Nov	Day 23	Years	Months 2	Days 4
Sex	female	Color or Race	white	Age	Birth-place	Pilot
Occupation	nurse Infant		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Mr			
Father's Name	William J Huse			Father's Birthplace	Baltimore	
Mother's Maiden Name	Laura Bell Ritchey			Mother's Birthplace	" "	
Name of person giving information	Laura B Huse			How related to deceased	mother	

CAUSES OF DEATH

92

How long

5 weeks.

How long

2 days.

Primary Cataract Perforated.

Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

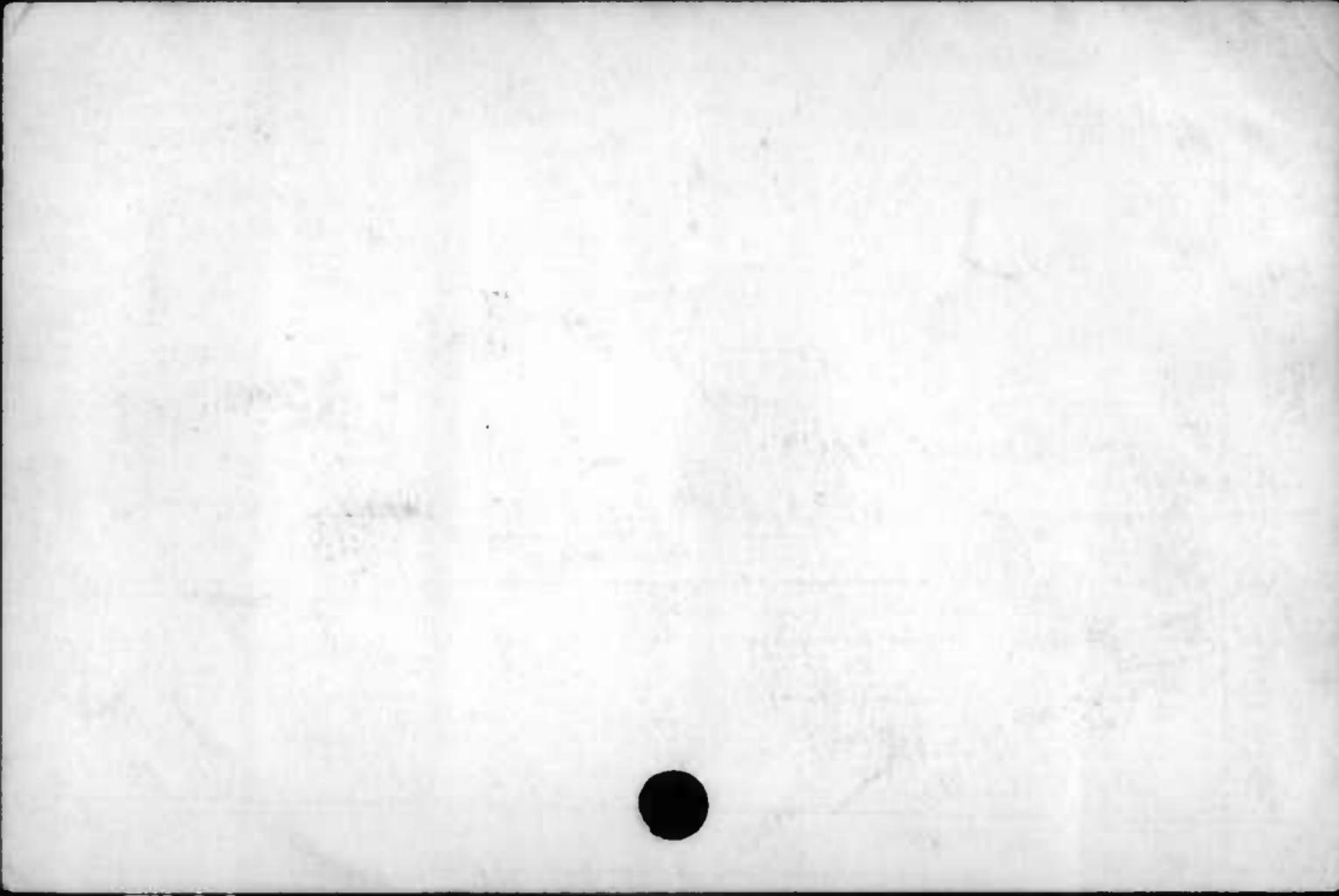
yes -

Signature of Physician

Address

Dr. M. Fagan M.D.
Coronaire 2 M.D.

Accident or Suicide?

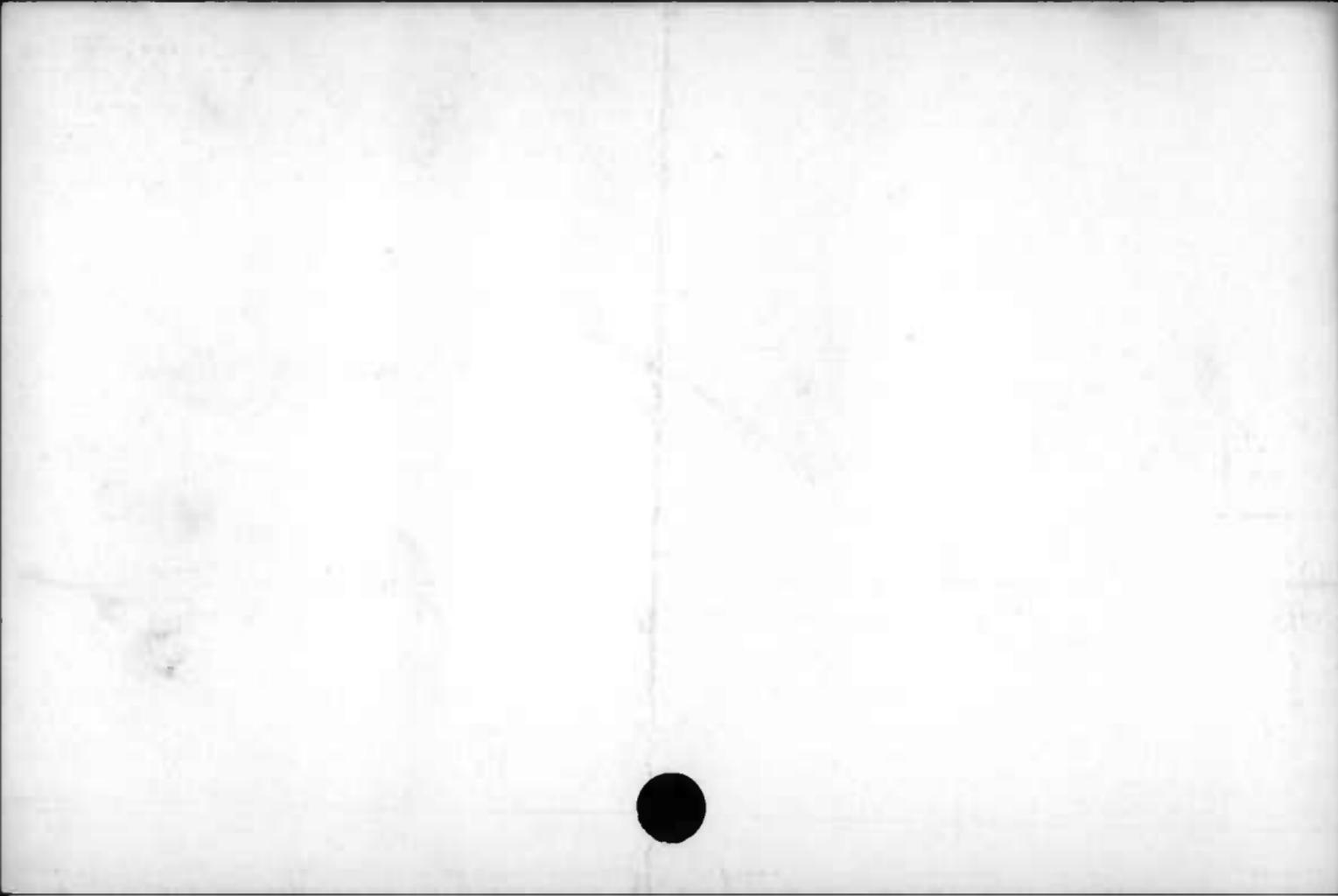


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Taylor Fannery					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Month	Days	
Sex		Color or Race	Age		Birth-place		
Occupation		Where Residing if not at place of death			Place of death		
Married, Single or Widowed		Name of Wife or Husband	Charlotte Fannery				
Father's Name		Fesse Fannery			Father's Birthplace		
Mother's Maiden Name		Maria Taylor			Mother's Birthplace		
'Name of person giving information		Anna Reed			How related to deceased		
CAUSES OF DEATH							
Primary	64						
	How long						
Immediate	one week						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
			Address				
Accident or Suicide?			B. Hauserman North End				

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 15	Years	Months 6	Days 13
Sex	Male	Color or Race	White	Birth-place	(Pleasant Hill, Md.)	
Occupation	Potter		Where Residing if not at place of death	(Pleasant Hill, Md.)		
Married, Single or Widowed	Name of Wife or Husband		(Pleasant Hill, Md.)			
Father's Name	Benett S. Johnson		Father's Birthplace	(Pleasant Hill, Md.)		
Mother's Maiden Name	Alice Louisa Anderson		Mother's Birthplace	(Pleasant Hill, Md.)		
Name of person giving Information	Habit		How related to deceased	(Pleasant Hill, Md.)		

CAUSES OF DEATH

92

How long

3 days

PHYSICIAN
OR CORONER

Primary

Broncho-Pneumonia

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. P. Corrino, M.D.

Cherry Street, Md.

Accident or Suicide?

190

Name
in
Full

George E Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Charles Pa
Occupation	Laborer		Where Residing if not at place of death	West Charles Pa	
Married, Single or Widowed	Married	Name of Wife or Husband	Nancy P Miller	Father's Birthplace	Virginia
Father's Name	Jacob A Miller			Mother's Birthplace	Charles Co Md
Mother's Maiden Name	Rachel V Scott			How related to deceased	Daughter
Name of person giving information	Jacob A Miller				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Bright Disease

How long

2 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

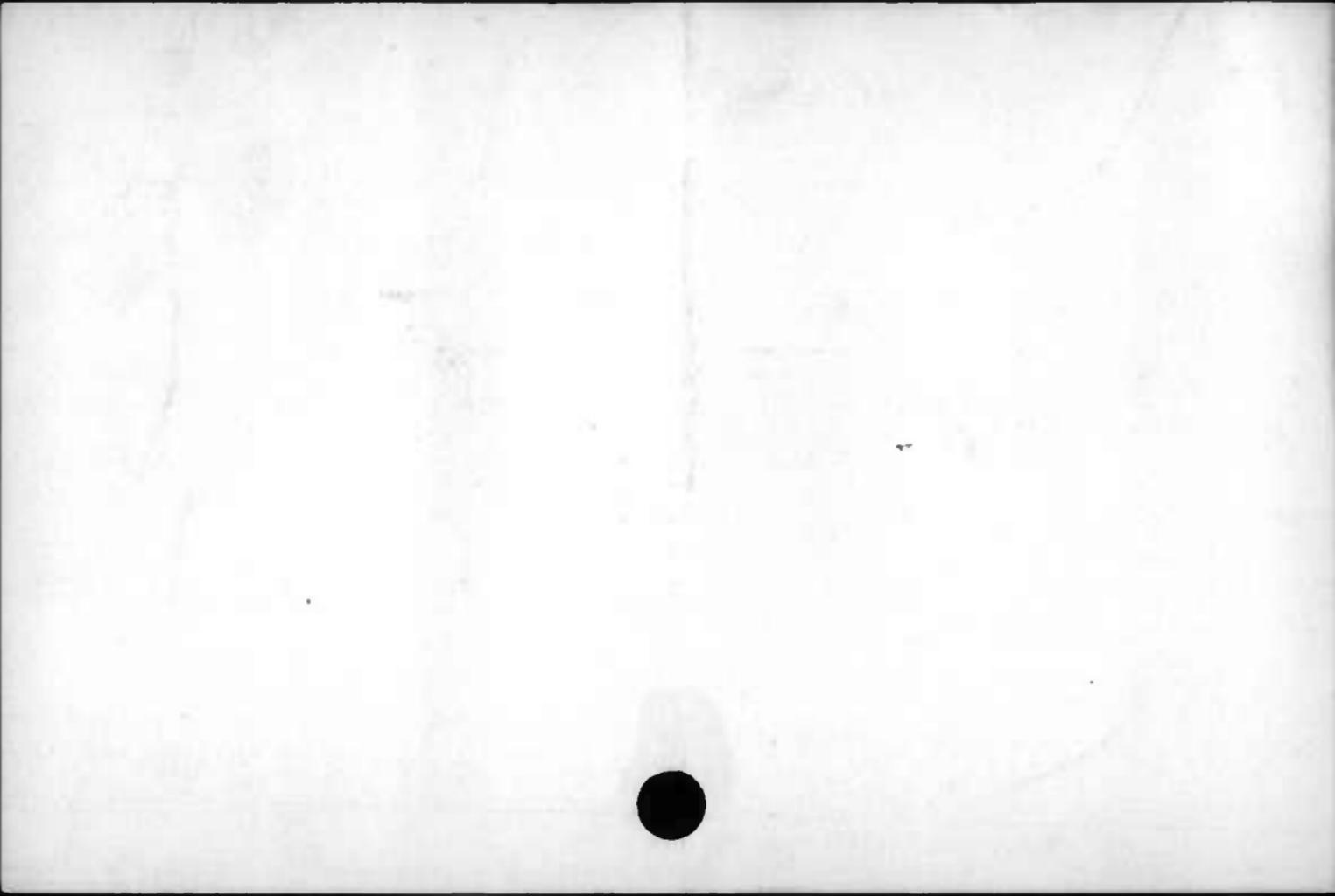
Yes

Signature of Physician

Address

Ernest Rowland
Liberty Grove Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Kibecca Morse

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	11	13	43			
Sex	Female	Color or Race	colored	Birth-place	Elkton	
Occupation	Housewife					
Married, Single or Widowed	Widow	Name of Wife or Husband	John Stevens			
Father's Name	Reuben Morse					
Mother's Maiden Name	Morten Eseney					
Name of person giving information	Wife					

61

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

2 weeks

Immediate

-

How long

Reuben Mitchell Morse
Elkton Md.

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?



Yes

Accident or Suicide?

unseen

Name
in
Full

Clifton R. Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

1907 Nov. 2nd 25

male white Clifton City Md.

Single Rosa Cuyler G. Reed

George Reed Rosa Cuyler G. Reed

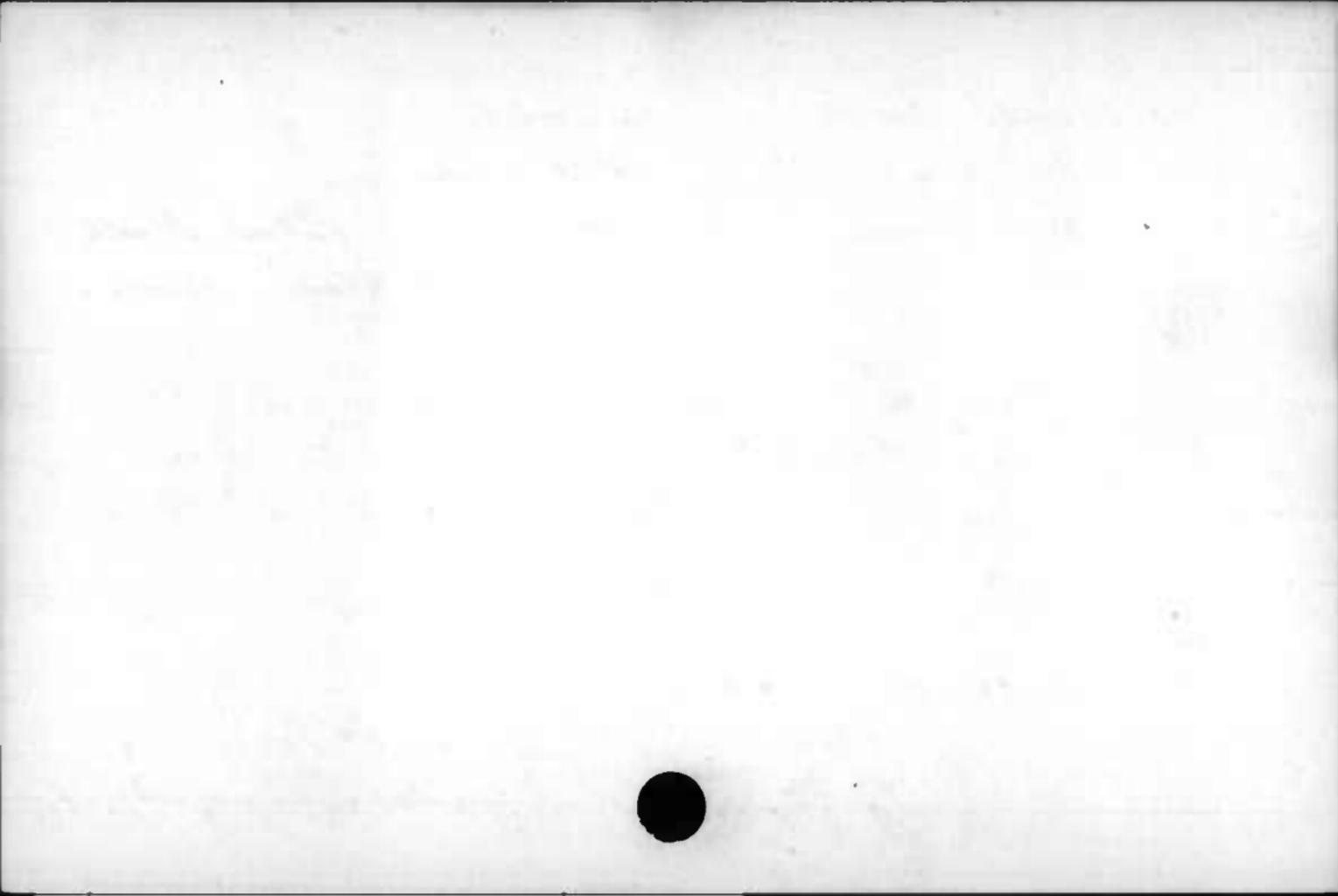
mr. mr. Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth.		
Immediate	Acute Inanition		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yrs.		Clifton G. Lantz M.D.	28 days
		Address	Clifton City Md.
Accident or Suicide?			



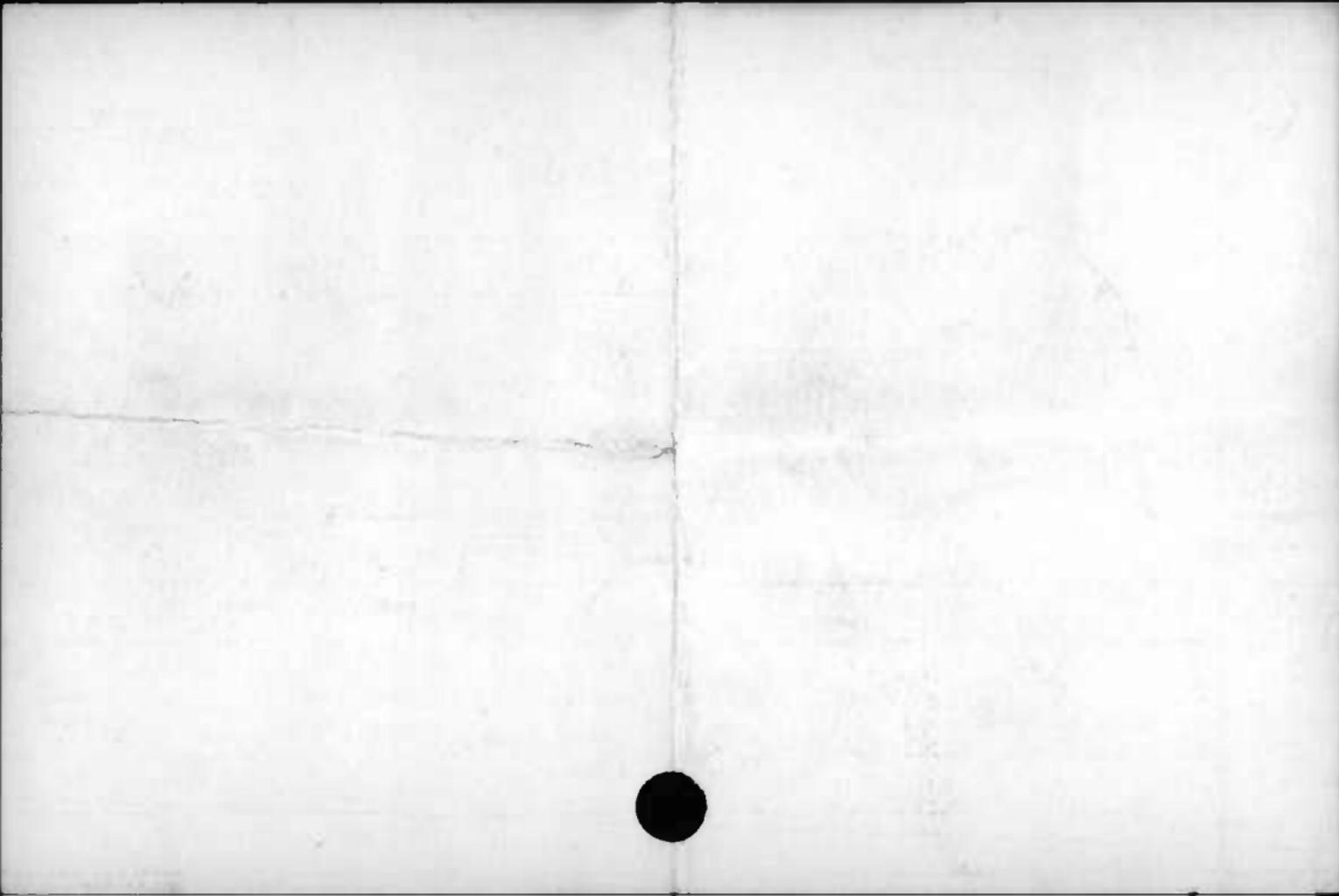
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month Nov.	Day 28	Years	Months	Days	
Sex	Female	Color or Race	Age Still born		Birth-place		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	Blue Ball			
Father's Name	John E. Reynolds			Father's Birthplace	Md.		
Mother's Maiden Name	Lillian Beavis			Mother's Birthplace	Pa		
Name of person giving information	John E. Reynolds			Related to deceased	Father		
CAUSES OF DEATH							
Primary	Still-born Malformation			How long			
Immediate	10	11		How long			
Are the name, age, sex, color, date and place correctly given above?			Yes -	Signature of Physician	Chas. F. Miller		
				Address	North East, Md.		
Accident or Suicide?							



Name
in
Full

William S. Richardson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

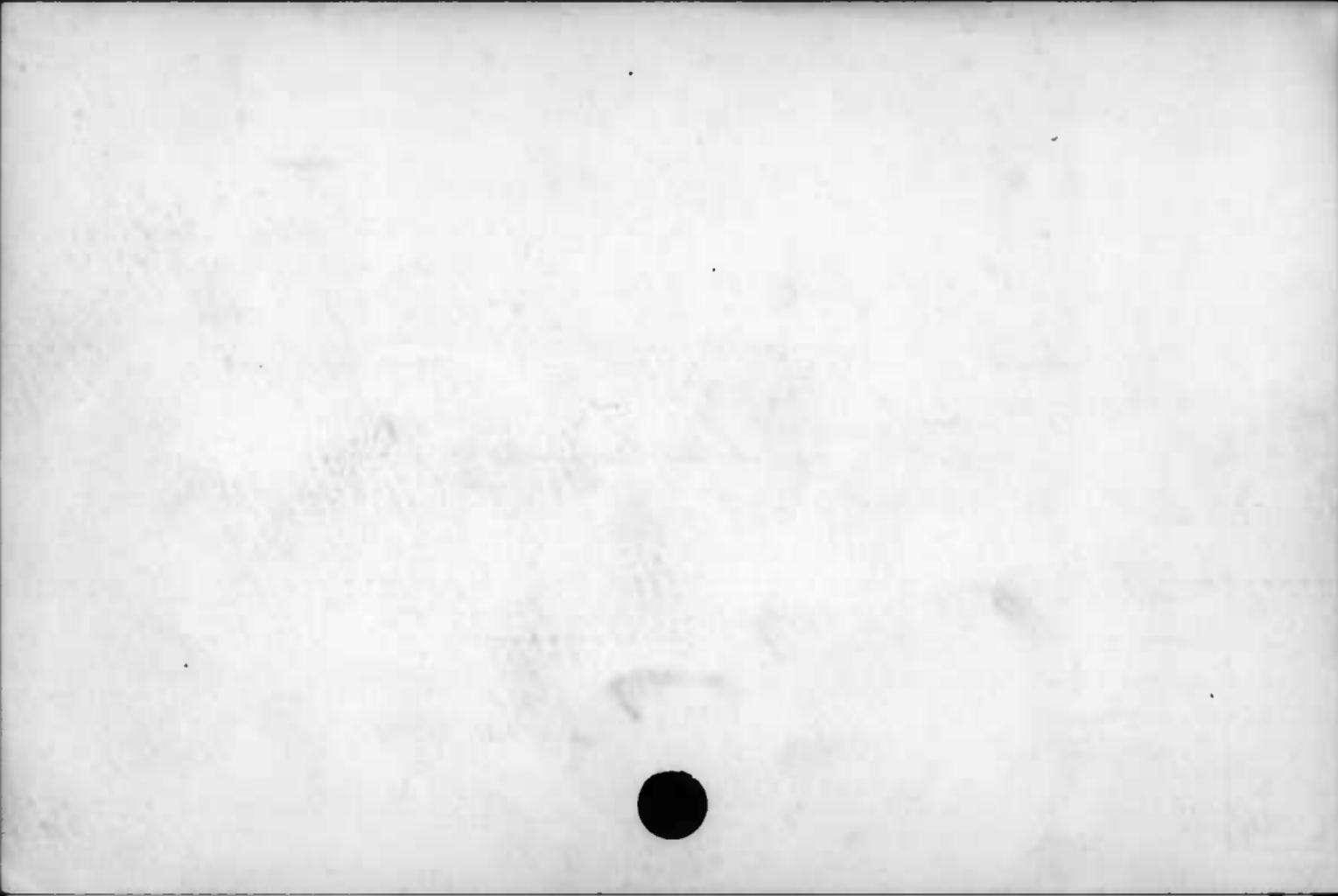
Died at	Town	County	MARYLAND		
Perryville		Cecil			
Date of death	Month	Day	Years	Months	Days
1907	Nov.	5	62	-	-
Sex	Male	Color or Race	White	Birth-place	Cecil Co.
Occupation	Labor	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Pauline Johnson	Cecil Co.	
Father's Name	Edward Richardson	Father's Birthplace			
Mother's Maiden Name	Unknown	Mother's Birthplace			
Name of person giving information	Wife Anna Gould	How related to deceased			
		None			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease,	How long	9m
Immediate	Uranium poisoning	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. M. Stumpf
		Address	Perryville
Accident or Suicide?			



Name
in
Full

Amos Rutter

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town,	County	MARYLAND		
Principles Furnace		Cecil			
Date of death	1907	Day	Years	Months	Days
1907	Nov 16		69	—	
Sex	Male	Color or Race	White	Birth-place	Principles Furnace
Occupation	not any	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa Rutter		
Father's Name	Richard Rutter	Father's Birthplace	Cecil Co.		
Mother's Maiden Name	Elizabeth Jackson	Mother's Birthplace	" "		
Name of person giving information	Louisa Rutter	How related to deceased	Wife		

CAUSES OF DEATH

66

How long

14 Months

How long

Dr. W. Slump
Prayville, Wis.

PHYSICIAN
OR CORONER

Primary

Paralysia

Immediate

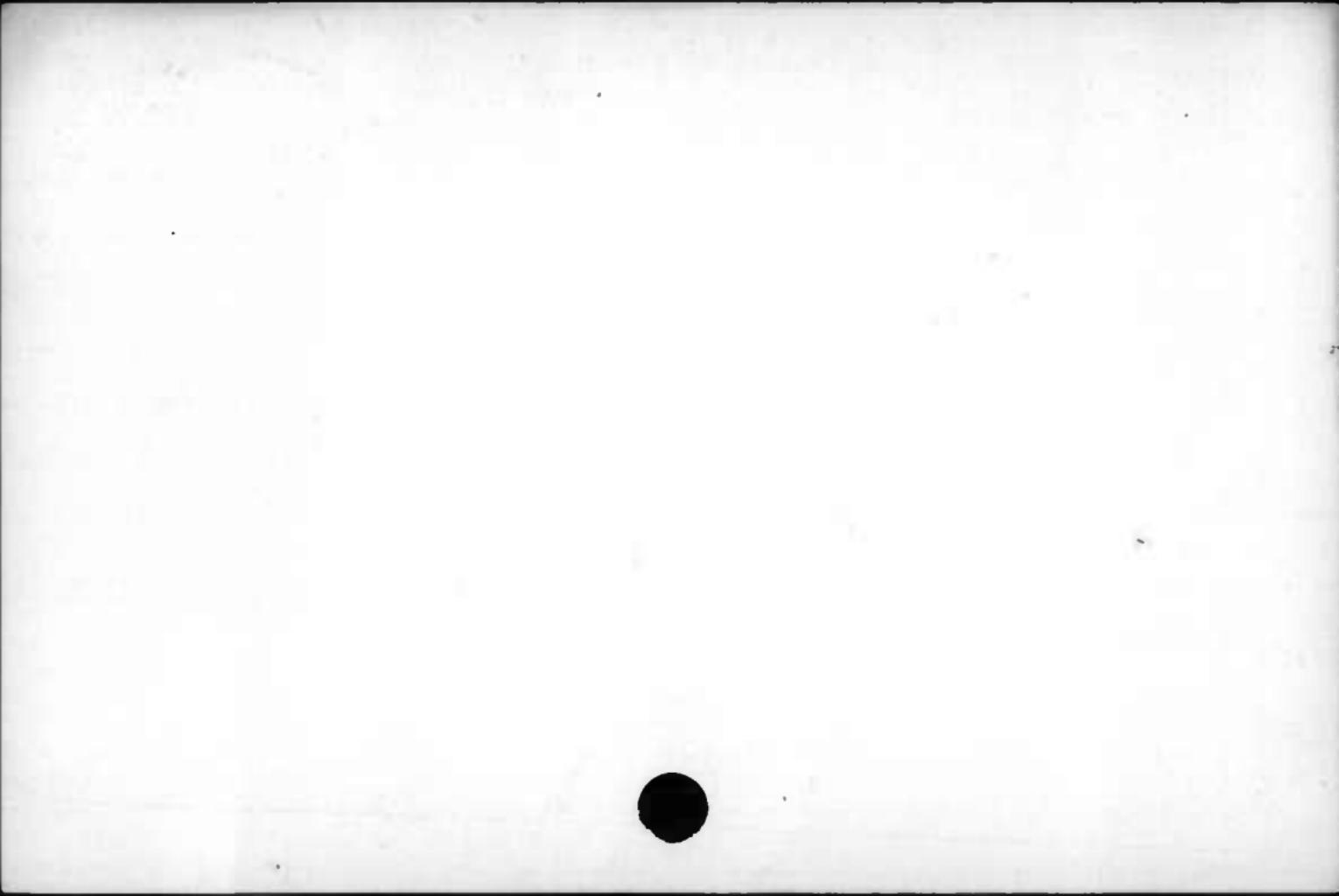
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Phinias D. Sintman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Principio</u>		Town <u>Principio</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>21</u>	Age <u>72</u>	Years	Month	Days	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Pennsylvania</u>			
Occupation <u>Iron Worker</u>		Where Residing if not at place of death <u>Jackson, Cecil Co. Md</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband			Father's Name <u>Michael Sintman</u>	Father's Birthplace <u>Penna</u>		
Mother's Maiden Name <u>Adaline Welsh</u>			Mother's Birthplace <u>Penna.</u>				
Name of person giving Information <u>Newton Sintman</u>			How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Killed by a train on the
Immediate P. B. and W. Rail Road

How long

How long

Are the name, age, sex, color, date and place correctly given above?



yes

Signature of Physician

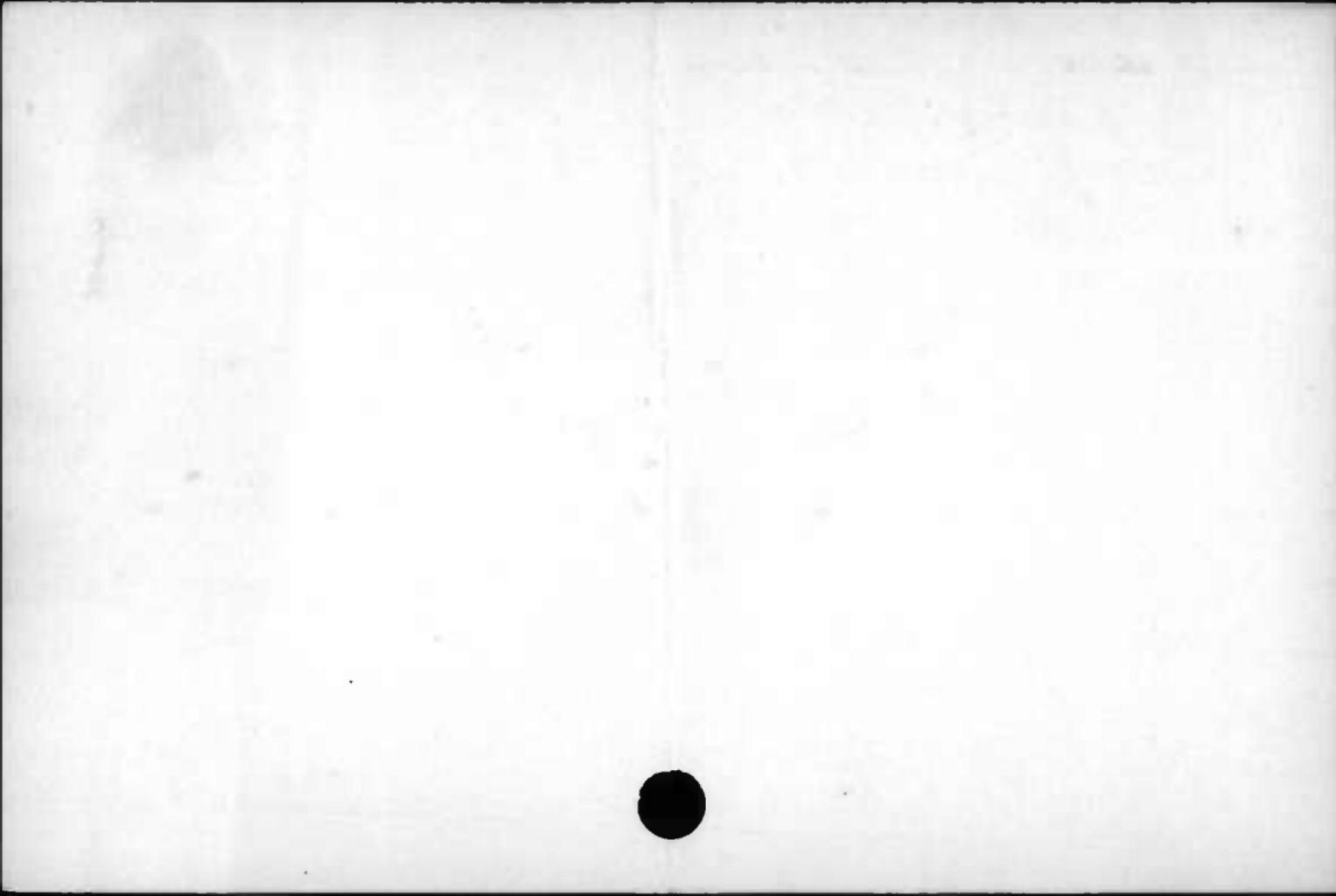
Hickoktah Jackson

Address

Corona of Cecil County
Elkton, Maryland

Accident or Suicide?

Accident



Name
in
Full

Chas W Stricker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Perryville		Cecil			
Date of death	Month	Day	Years	Months	Days
1907 Nov	21		70	8	
Sex	Color or Race	Howard Co land			
Male	White				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary E Stricker			
Married	Jacob Stricker	Germany			
Father's Name					
Mother's Maiden Name	Unknown				
Name of person giving Information	Wife				
Mary E Stricker					

CAUSES OF DEATH

120

How long

Year

How long

PHYSICIAN
OR CORONER

Primary

Bright's Disease

Immediate

Chronic

Are the name, age, sex, color, date and place correctly given above?

Yes

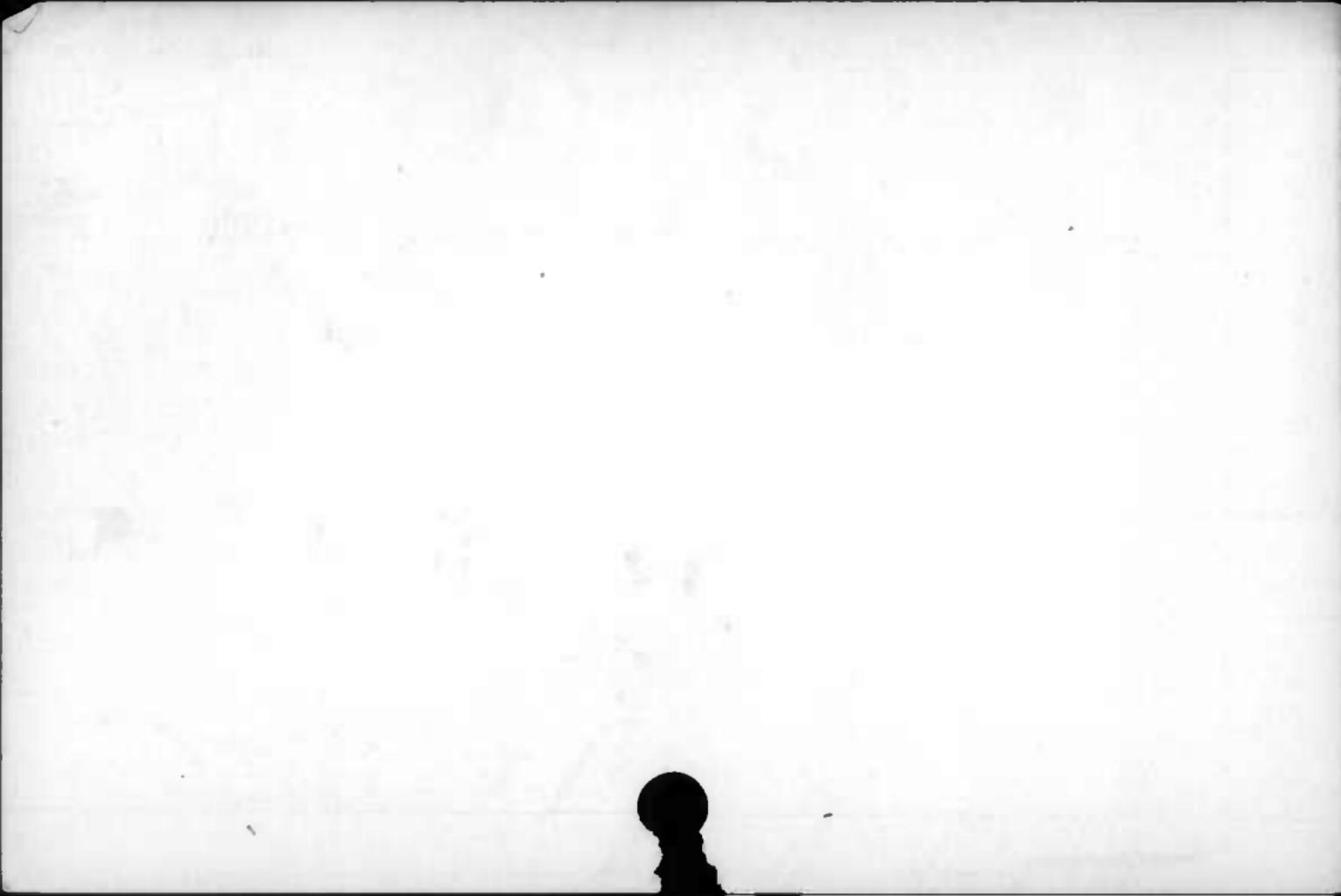
Signature of Physician

Address

Dr W Hump

Perryville Md

Accident or Suicide?



Died at		Town	County		MARYLAND	
Date of death 1907		Month Nov	Day 26	Age 84	Months	Days
Sex	Primary	Color or Race	Where Residing if not at place of death			
Occupation	Gardener		3ay view			
Married, Single or Widowed	widow		Name of Wife or Husband	Thomas Lerry		
Father's Name	John Smith			Father's Birthplace	John Smith	
Mother's Maiden Name	John Smith			Mother's Birthplace	John Smith	
Name of person giving information	Ellen Mooney			How related to deceased	Daughter	

CAUSES OF DEATH

154

How long

One Month

Primary

General Debility

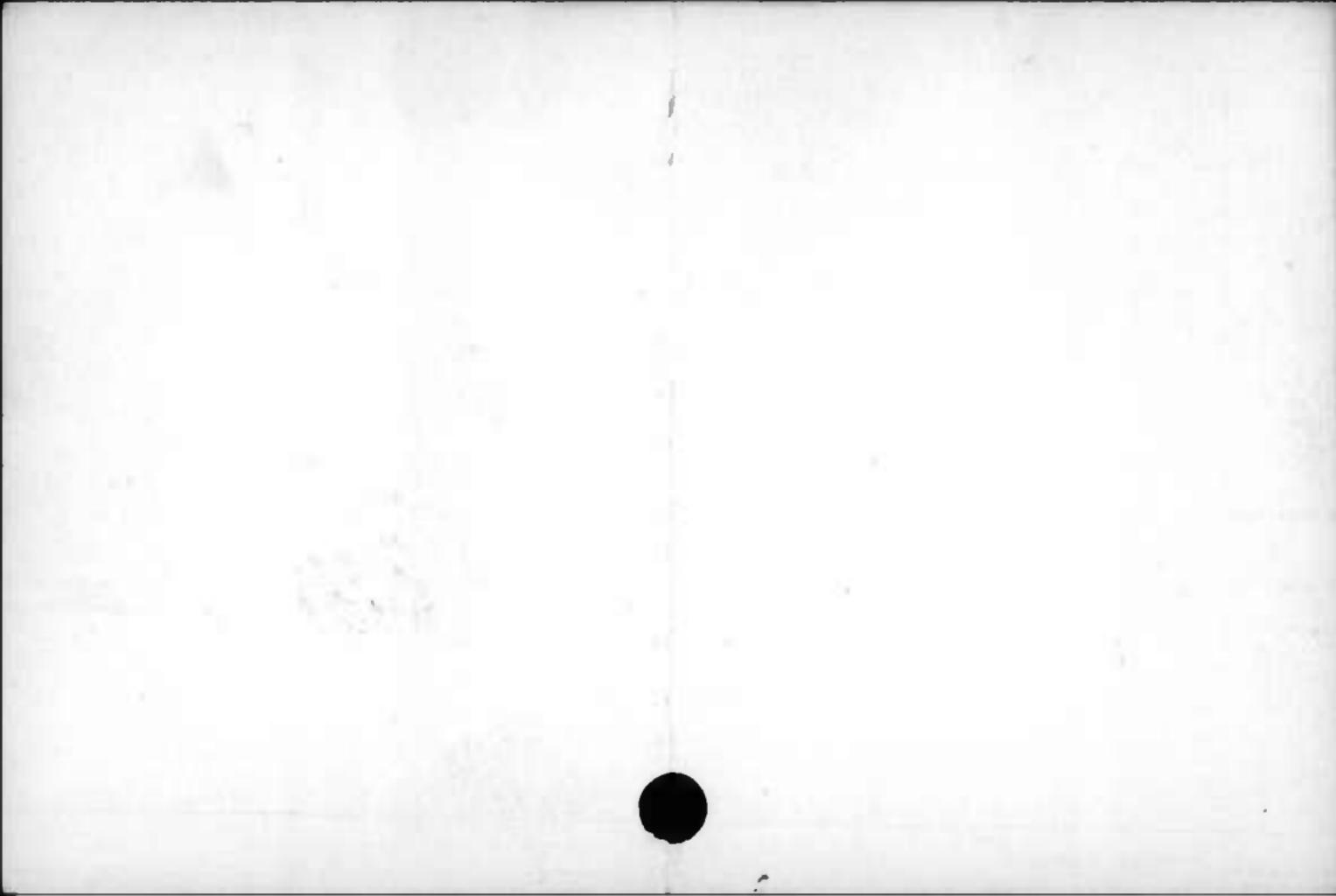
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Schenck
n. Es



Name
in
Full

Mary Edna Stay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Month Days
Sex	Color or Race	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Joseph Moore				Father's Birthplace
Mother's Maiden Name	Jane Smith				Mother's Birthplace
Name of person giving Information	Martha J. Moore				How related to deceased
CAUSES OF DEATH					
Primary	Carcinoma of Bladder about one year				
immediate	Heart failure				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
<input checked="" type="checkbox"/>		Address			
Accident or Suicide?		Z. J. Peoples, Kirk's Mills Co.			

PHYSICIAN
OR CORONER

Name
in
Full

Addie Pearline Wright -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Perryville		Town Cecil		County		MARYLAND	
Date of death 1907	Month June	Day 27	Age	Years	Months	Days	27
Sex Female	Color or Race Colored	Birth-place Perryville Ind					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace La Carolina			
Father's Name Edward Wright		Mother's Birthplace		Mother's Birthplace			
Mother's Maiden Name Josephine Burke		How related to deceased		How related to deceased			
Name of person giving information Josephine Wright		Brother		Brother			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Baby Consumption

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. A. Murray Sub. Register

Corporation Clerk

(No Physician in attendance)

Accident or Suicide?

